SECURE TRANSPORT DESIGNATION AMENDMENTS
2019 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Evan J. Vickers
House Sponsor: Susan Pulsipher
LONG TITLE
General Description:
This bill adds a designation category for nonemergency secured behavioral health
transport providers and vehicles.
Highlighted Provisions:
This bill:
 adds a designation category for nonemergency secure behavioral health transport
providers and vehicles;
 prohibits the state Medicaid program from reimbursing a nonemergency secured
behavioral health transport provider; and
makes technical changes.
Money Appropriated in this Bill:
None
Other Special Clauses:
None
Utah Code Sections Affected:
AMENDS:
26-8a-102, as last amended by Laws of Utah 2017, Chapter 326
26-8a-105, as last amended by Laws of Utah 2017, Chapter 326
26-8a-301, as last amended by Laws of Utah 2017, Chapter 326
26-8a-303, as enacted by Laws of Utah 1999, Chapter 141
26-8a-304, as last amended by Laws of Utah 2013, Chapter 350
26-8a-405.4, as enacted by Laws of Utah 2010, Chapter 187

30	ENACTS:
31	26-18-25 , Utah Code Annotated 1953
32 33	Be it enacted by the Legislature of the state of Utah:
34	Section 1. Section 26-8a-102 is amended to read:
35	26-8a-102. Definitions.
36	As used in this chapter:
37	(1) (a) "911 ambulance or paramedic services" means:
38	(i) either:
39	(A) 911 ambulance service;
40	(B) 911 paramedic service; or
41	(C) both 911 ambulance and paramedic service; and
42	(ii) a response to a 911 call received by a designated dispatch center that receives 911
43	or E911 calls.
44	(b) "911 ambulance or paramedic service" does not mean a seven or ten digit telephone
45	call received directly by an ambulance provider licensed under this chapter.
46	(2) "Ambulance" means a ground, air, or water vehicle that:
47	(a) transports patients and is used to provide emergency medical services; and
48	(b) is required to obtain a permit under Section 26-8a-304 to operate in the state.
49	(3) "Ambulance provider" means an emergency medical service provider that:
50	(a) transports and provides emergency medical care to patients; and
51	(b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.
52	(4) "Committee" means the State Emergency Medical Services Committee created by
53	Section 26-1-7.
54	(5) "Direct medical observation" means in-person observation of a patient by a
55	physician, registered nurse, physician's assistant, or individual licensed under Section
56	26-8a-302.
57	(6) "Emergency medical condition" means:

58	(a) a medical condition that manifests itself by symptoms of sufficient severity,
59	including severe pain, that a prudent layperson, who possesses an average knowledge of health
60	and medicine, could reasonably expect the absence of immediate medical attention to result in:
61	(i) placing the individual's health in serious jeopardy;
62	(ii) serious impairment to bodily functions; or
63	(iii) serious dysfunction of any bodily organ or part; or
64	(b) a medical condition that in the opinion of a physician or his designee requires direct
65	medical observation during transport or may require the intervention of an individual licensed
66	under Section 26-8a-302 during transport.
67	(7) "Emergency medical service personnel":
68	(a) means an individual who provides emergency medical services to a patient and is
69	required to be licensed under Section 26-8a-302; and
70	(b) includes a paramedic, medical director of a licensed emergency medical service
71	provider, emergency medical service instructor, and other categories established by the
72	committee.
73	(8) "Emergency medical service providers" means:
74	(a) licensed ambulance providers and paramedic providers;
75	(b) a facility or provider that is required to be designated under [Section] Subsection
76	26-8a-303(1)(a); and
77	(c) emergency medical service personnel.
78	(9) "Emergency medical services" means medical services, transportation services, or
79	both rendered to a patient.
80	(10) "Emergency medical service vehicle" means a land, air, or water vehicle that is:
81	(a) maintained and used for the transportation of emergency medical personnel,
82	equipment, and supplies to the scene of a medical emergency; and
83	(b) required to be permitted under Section 26-8a-304.
84	(11) "Governing body":
85	(a) is as defined in Section 11-42-102; and

86	(b) for purposes of a "special service district" under Section 11-42-102, means a
87	special service district that has been delegated the authority to select a provider under this
88	chapter by the special service district's legislative body or administrative control board.
89	(12) "Interested party" means:
90	(a) a licensed or designated emergency medical services provider that provides
91	emergency medical services within or in an area that abuts an exclusive geographic service area
92	that is the subject of an application submitted pursuant to Part 4, Ambulance and Paramedic
93	Providers;
94	(b) any municipality, county, or fire district that lies within or abuts a geographic
95	service area that is the subject of an application submitted pursuant to Part 4, Ambulance and
96	Paramedic Providers; or
97	(c) the department when acting in the interest of the public.
98	(13) "Medical control" means a person who provides medical supervision to an
99	emergency medical service provider.
100	(14) "Non-911 service" means transport of a patient that is not 911 transport under
101	Subsection (1).
102	(15) "Nonemergency secured behavioral health transport" means an entity that:
103	(a) provides nonemergency secure transportation services for an individual who:
104	(i) is not required to be transported by an ambulance under Section 26-8a-305; and
105	(ii) requires behavioral health observation during transport between any of the
106	following facilities:
107	(A) a licensed acute care hospital;
108	(B) an emergency patient receiving facility;
109	(C) a licensed mental health facility; and
110	(D) the office of a licensed health care provider; and
111	(b) is required to be designated under Section 26-8a-303.
112	$[\frac{(15)}{(16)}]$ "Paramedic provider" means an entity that:
113	(a) employs emergency medical service personnel; and

114	(b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.
115	[(16)] (17) "Patient" means an individual who, as the result of illness or injury, meets
116	any of the criteria in Section 26-8a-305.
117	$\left[\frac{(17)}{(18)}\right]$ "Political subdivision" means:
118	(a) a city or town located in a county of the first or second class as defined in Section
119	17-50-501;
120	(b) a county of the first or second class;
121	(c) the following districts located in a county of the first or second class:
122	(i) a special service district created under Title 17D, Chapter 1, Special Service District
123	Act; or
124	(ii) a local district under Title 17B, Limited Purpose Local Government Entities - Local
125	Districts, for the purpose of providing fire protection, paramedic, and emergency services;
126	(d) areas coming together as described in Subsection 26-8a-405.2(2)(b)(ii);
127	(e) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act; or
128	(f) a special service district for fire protection service under Subsection 17D-1-201(9).
129	[(18)] (19) "Trauma" means an injury requiring immediate medical or surgical
130	intervention.
131	[(19)] (20) "Trauma system" means a single, statewide system that:
132	(a) organizes and coordinates the delivery of trauma care within defined geographic
133	areas from the time of injury through transport and rehabilitative care; and
134	(b) is inclusive of all prehospital providers, hospitals, and rehabilitative facilities in
135	delivering care for trauma patients, regardless of severity.
136	[(20)] (21) "Triage" means the sorting of patients in terms of disposition, destination,
137	or priority. For prehospital trauma victims, triage requires a determination of injury severity to
138	assess the appropriate level of care according to established patient care protocols.
139	[(21)] (22) "Triage, treatment, transportation, and transfer guidelines" means written
140	procedures that:
141	(a) direct the care of patients; and

142	(b) are adopted by the medical staff of an emergency patient receiving facility, trauma
143	center, or an emergency medical service provider.
144	Section 2. Section 26-8a-105 is amended to read:
145	26-8a-105. Department powers.
146	The department shall:
147	(1) coordinate the emergency medical services within the state;
148	(2) administer this chapter and the rules established pursuant to it;
149	(3) establish a voluntary task force representing a diversity of emergency medical
150	service providers to advise the department and the committee on rules;
151	(4) establish an emergency medical service personnel peer review board to advise the
152	department concerning discipline of emergency medical service personnel under this chapter;
153	and
154	(5) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative
155	Rulemaking Act, to:
156	(a) license ambulance providers and paramedic providers;
157	(b) permit ambulances [and], emergency medical response vehicles, and nonemergency
158	secured behavioral health transport vehicles, including approving an emergency vehicle
159	operator's course in accordance with Section 26-8a-304;
160	(c) establish:
161	(i) the qualifications for membership of the peer review board created by this section;
162	(ii) a process for placing restrictions on a license while an investigation is pending;
163	(iii) the process for the investigation and recommendation by the peer review board;
164	and
165	(iv) the process for determining the status of a license while a peer review board
166	investigation is pending;
167	(d) establish application, submission, and procedural requirements for licenses,
168	designations, and permits; and
169	(e) establish and implement the programs, plans, and responsibilities as specified in

170	other sections of this chapter.
171	Section 3. Section 26-8a-301 is amended to read:
172	26-8a-301. General requirement.
173	(1) Except as provided in Section 26-8a-308 or 26-8b-201:
174	(a) an individual may not provide emergency medical services without a license issued
175	under Section 26-8a-302;
176	(b) a facility or provider may not hold itself out as a designated emergency medical
177	service provider or nonemergency secured behavioral health transport provider without a
178	designation issued under Section 26-8a-303;
179	(c) a vehicle may not operate as an ambulance [or], emergency response vehicle, or
180	nonemergency secured behavioral health transport vehicle without a permit issued under
181	Section 26-8a-304; and
182	(d) an entity may not respond as an ambulance or paramedic provider without the
183	appropriate license issued under Part 4, Ambulance and Paramedic Providers.
184	(2) Section 26-8a-502 applies to violations of this section.
185	Section 4. Section 26-8a-303 is amended to read:
186	26-8a-303. Designation of emergency medical service providers and
187	nonemergency secured behavioral health transport providers.
188	(1) To ensure quality emergency medical services, the committee shall establish
189	designation requirements for:
190	(a) emergency medical service providers in the following categories:
191	[(a)] <u>(i)</u> quick response provider;
192	[(b)] (ii) resource hospital for emergency medical providers;
193	[(c)] (iii) emergency medical service dispatch center;
194	[(d)] (iv) emergency patient receiving facilities; and
195	$[\underline{(e)}]$ $\underline{(v)}$ other types of emergency medical service providers as the committee
196	considers necessary[-]; and
197	(b) nonemergency secured behavioral health transport providers.

(2) The department shall, based on the requirements in Subsection (1), issue
designations to emergency medical service providers and nonemergency secured behavioral
<u>health transport providers</u> listed in Subsection (1).
(3) As provided in Section 26-8a-502, an entity issued a designation under Subsection
[(1)] (2) may only function and hold itself out in accordance with its designation.
Section 5. Section 26-8a-304 is amended to read:
26-8a-304. Permits for emergency medical service vehicles and nonemergency
secured behavioral health transport vehicles.
(1) (a) To ensure that emergency medical service vehicles and nonemergency secured
behavioral health transport vehicles are adequately staffed, safe, maintained, properly
equipped, and safely operated, the committee shall establish permit requirements at levels it
considers appropriate in the following categories:
(i) ambulance; [and]
(ii) emergency medical response vehicle[:]; and
(iii) nonemergency secured behavioral health transport vehicle.
(b) The permit requirements under [this Subsection (1)] Subsections (1)(a)(i) and (ii)
shall include a requirement that beginning on or after January 31, 2014, every operator of an
ambulance or emergency medical response vehicle annually provide proof of the successful
completion of an emergency vehicle operator's course approved by the department for all
ambulances and emergency medical response vehicle operators.
(2) The department shall, based on the requirements established in Subsection (1),
issue permits to emergency medical service vehicles and nonemergency secured behavioral
health transport vehicles.
Section 6. Section 26-8a-405.4 is amended to read:
26-8a-405.4. Non-911 provider Finding of meritorious complaint Request for
proposals.
(1) Notwithstanding Subsection 26-8a-102[(17)](18), for purposes of this section,
political subdivision includes:

226	(a) a county of any class; and
227	(b) a city or town located in a county of any class.
228	(2) (a) This section applies to a non-911 provider license under this chapter.
229	(b) The department shall, in accordance with Subsections (4) and (5):
230	(i) receive a complaint about a non-911 provider;
231	(ii) determine whether the complaint has merit;
232	(iii) issue a finding of:
233	(A) a meritorious complaint; or
234	(B) a non-meritorious complaint; and
235	(iv) forward a finding of a meritorious complaint to the governing body of the political
236	subdivision:
237	(A) in which the non-911 provider is licensed; or
238	(B) that provides the non-911 services, if different from Subsection (2)(b)(iv)(A).
239	(3) (a) A political subdivision that receives a finding of a meritorious complaint from
240	the department:
241	(i) shall take corrective action that the political subdivision determines is appropriate;
242	and
243	(ii) shall, if the political subdivision determines corrective action will not resolve the
244	complaint or is not appropriate:
245	(A) issue a request for proposal for non-911 service in the geographic service area if
246	the political subdivision will not respond to the request for proposal; or
247	(B) (I) make a finding that a request for proposal for non-911 services is appropriate
248	and the political subdivision intends to respond to a request for proposal; and
249	(II) submit the political subdivision's findings to the department with a request that the
250	department issue a request for proposal in accordance with Section 26-8a-405.5.
251	(b) (i) If Subsection (3)(a)(ii)(A) applies, the political subdivision shall issue the
252	request for proposal in accordance with Sections 26-8a-405.1 through 26-8a-405.3.
253	(ii) If Subsection (3)(a)(ii)(B) applies, the department shall issue a request for proposal

254	for non-911 services in accordance with Section 26-8a-405.5.
255	(4) The department shall make a determination under Subsection (2)(b) if:
256	(a) the department receives a written complaint from any of the following in the
257	geographic service area:
258	(i) a hospital;
259	(ii) a health care facility;
260	(iii) a political subdivision; or
261	(iv) an individual; and
262	(b) the department determines, in accordance with Subsection (2)(b), that the complaint
263	has merit.
264	(5) (a) If the department receives a complaint under Subsection (2)(b), the department
265	shall request a written response from the non-911 provider concerning the complaint.
266	(b) The department shall make a determination under Subsection (2)(b) based on:
267	(i) the written response from the non-911 provider; and
268	(ii) other information that the department may have concerning the quality of service of
269	the non-911 provider.
270	(c) (i) The department's determination under Subsection (2)(b) is not subject to an
271	adjudicative proceeding under Title 63G, Chapter 4, Administrative Procedures Act.
272	(ii) The department shall adopt administrative rules in accordance with Title 63G,
273	Chapter 3, Utah Administrative Rulemaking Act, to implement the provisions of Subsection
274	(2)(b).
275	Section 7. Section 26-18-25 is enacted to read:
276	26-18-25. Reimbursement for nonemergency secured behavioral health transport
277	providers.
278	The department may not reimburse a nonemergency secured behavioral health transport
279	provider that is designated under Section 26-8a-303.